

# THE CALIFORNIA MEDICAL JOURNAL.

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VOL. 8.

OAKLAND, CAL., MAY, 1887.

No. 5.

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## QUININE IN TYPHOID FEVER, SCHOOL GYM- NASTICS, VAGARIES OF HOMEOPATHY, ETC.

BY LYMAN WATKINS, M. D.

### QUININE IN TYPHOID FEVER.

THE use of quinine as an antipyretic in the treatment of typhoid fever, has been the subject of much discussion in recent years. After repeated trials of the drug, I unhesitatingly array myself upon the side of those who favor its use. Quinine is a superior remedy for exalted temperature. First induced to use quinine by the many reports in the journals, it was administered with much hesitation and timidity, and in small doses. On account of this hesitation and timidity, success was poor, opposition to its use resulted, and quinine was regarded as a medicine that did vastly more harm than good in this disease. More recently this community was subject to a general visitation of severe typhoid, and in spite of earnest and unremitting attention, some of my



cases resulted fatally. This was mortifying to me and was commented upon very severely by rivals, who lost no opportunity to call attention to my failures. I was resolved to give quinine another and thorough trial. The administration of the drug was resumed, and instead of giving two or three grains every three hours, twenty or thirty grains, in capsules, were given in an hour. The temperature never failed to fall below 102° Fahr. in a few hours. When the temperature did not exceed 102° Fahr., no quinine was given, but when it rose above that, the remedy was at once resorted to, and reduction was invariable. Patients were generally very cognizant of an elevated temperature, and the relief from all the distressing symptoms attendant upon this condition was so marked that they often called for capsules when the temperature did not exceed 102° Fahr. The amount required to reduce the temperature varies from ten to forty grains, depending upon the intensity of the fever and the age and constitution of the patient. Each case must be studied, and the smallest efficient quantity should be given, but given promptly and fearlessly; intermediate or trifling measures will be futile and harmful. No permanent ill effects have resulted from the use of quinine in this way in my practice.

As for the general treatment, opium was given to obtain sleep and quiet the nervous system; also to control the diarrhea, veratrum was used when indicated, to which were often added macrotys and hydrastis. The diet was chiefly milk, cold or hot, milk punch and "egg-nog;" the quantity given was from two to four pints in twenty-four hours. Whenever milk appeared in the stools undigested, the quantity was reduced to just so much as could be assimilated. No solid food was allowed, but beef tea was frequently given alone, or in alternation with milk. Beef tea has of late years fallen unjustly into disrepute; it is still worthy of a place in treatment of typhoid fever. Some of my patients have been supported by it for weeks, when a debilitated stomach would reject all other nourishment. Frequent baths, plenty of fresh air and all hygienic and dietary regulations were rigidly enforced in all cases. After commencing the administration of quinine, no more deaths occurred, and an injured reputation was



repaired. Now it may be asked, Why not reduce the temperature to normal and keep it so? In answer it may be said, we know that typhoid fever is a general disease with a local manifestation in Peyer's glands; that it has a definite course to run; that there is a noxious element in the blood which must be eliminated. A certain degree of pyrexia is a salutatory process, an effort of nature to burn up and throw off the typhoid poison. It is only when the temperature reaches a point incompatible with vital processes, that reduction should be attempted. A temperature of 105° Fahr. to 107° Fahr. continued for a few hours, is extremely dangerous to life, inasmuch as vitality will soon be destroyed, if this exalted state continues. It is then that quinine in large doses will promptly reduce the temperature. Quinine will not be needed as an antipyretic in all cases of typhoid fever, nor will it cure all. In some cases the temperature will not reach a high standard, and then there are some individuals of such feeble vitality that they will inevitably succumb to an attack of any severe disease.

## SCHOOL GYMNASTICS.

Some sort of physical training would be a valuable addition to the curriculum of common schools. The mental training of the child is important and should be attended to; but cerebral development at the expense of the bodily powers often shortens what might have been a useful life. What matters it how learned a child is, if just at the beginning of its usefulness the weakened physical organization gives way? The tendency of the present system of education is to debilitate the body; to produce a race mentally strong but physically weak, incapable of withstanding the strain of the intense competition and strife of daily business life in our age. We very often, therefore, see men with but a very small amount of book learning, but blessed with a strong physical organization, excelling in the race of life. Sedentary habits are engendered by school life, and a common-school education is all the education that a large portion of the young receive, and it is excellent and adequate for all common purposes; but after leaving school, the labor of life is commenced, and the opportunities for physical training are few and neglected. A good



physical training in connection with the mental would be commendable.

No rigid rules for gymnastic exercises can be given, for the inherent strength of children differs. But to every school there might be given appliances for the exercise of the weakest as well as the strongest. An hour each day could be devoted to this purpose, and the exercises could be carried on under the instruction of a competent teacher, who could encourage the timid and restrain the ambitious. The hour devoted to this purpose would doubtless be looked upon as the most pleasant one of the day, and the results would well repay the trifling cost necessary for apparatus. It is true that the results of the introduction of gymnastics into the schools, might militate against the practice of the physician, inasmuch as it would give us healthier children. But it is our duty to prevent, as well as cure disease, and physicians can do much good by advising and advocating all measures which tend to improve the public health.

#### SOME VAGARIES OF HOMEOPATHY.

If the New York *Medical Times* is correct, there are but few Simon-pure homeopaths at the present day. The *Times* was formerly a homeopathic journal, but more recently claims to have become independent. In an editorial in the March number, we find the following:—

“We could point to many a man who poses as a ‘homeopath’ who cannot select a remedy according to its similarity, to save his life! Think of it, oh, shades of Hahnemann! one of your disciples asking what remedy to give for otorrhœa, and he a professor, and one of your loudest bragging apostles! When one hears men clamoring for a system of practice, the very foundation of which they do not understand, and whose precepts they violate constantly, it naturally raises the question, Why such enthusiasm? The only practitioners who can properly be styled ‘homeopaths,’ are those who strictly follow the principles as laid down by Hahnemann, and they are very few. We doubt if many prescriptions which are called homeopathic are so only in name!”



This is rather hard on our brethren who are marching under the banner of *Similia*. It must be bitterness indeed, to the "little saccharine cuss," as Professor Howe calls him, to have to swallow such a large dose without any dilution. A contributor in the same issue of the *Times* says: "The reason why conscientious, thinking graduates of many of our homeopathic colleges are disappointed and often disgusted at their inability to successfully compete in all cases with their older school brothers, is because nothing has been taught them of therapeutics, but dynamic medicine. They consequently believe that with a case of well-selected 30ths, and possibly a few 12ths and 3ds, they are properly prepared to practice medicine. The bubble soon bursts; it is only 'a question of time.' I do not mean that dynamic medicine has no place in therapeutics, but I do mean that its sphere is limited, and that there are times when crude drugs, mechanically, antipathically, or even allopathically applied, will cure the patient, when a diluted drug will act merely as so much water. . . . Helicon's fountain intoxicated not him who drank deeply—he was a better man for his soul-steeping draught—and the graduate in the homeopathic college, if he have sufficient brains to practice medicine intelligently, will not be injured by knowing the use of the diuretic, the purgative, the hypodermic syringe, etc., but he will be the better doctor therefor."

, While the above is very true we venture to say that there are but few homeopathic physicians who plead ignorance of the hypodermic syringe, etc. Medicine is progressive and the excellent inventions of modern days are not the exclusive property of any school, but are common to all, and any physician who refuses to take advantage of them can hardly escape being called unprogressive at least. The practice of homeopathy is not a bad one, and it has done much good in fighting the bigotry and intolerance of the so-called regular school. These sharp utterances against homeopathy by its ostensible friends, while they may be gratifying to its enemies, only serve to draw its real friends closer together. It does not weaken homeopathy that the absurd high dilution theory is being abandoned, but as that position cannot be maintained against reason and common sense, excellent wisdom is shown by this measure.



## THE PUBLIC AND THE PROFESSION.

There is no valid objection to the public learning as much as possible about the practice of medicine. Let medical science stand upon its merits. The foundation upon which the science rests is not so insecure that a little light thrown upon it would cause its downfall. If such were the case, it could not fall too soon. The fact of the case is, that when the public learns that diseases vary in their nature; that in individual cases of the same general disease care is required to discriminate; that some diseases are inevitably fatal, while others apparently more critical would recover without medical treatment; that it is only after years of study and instruction that an individual is competent to treat the sick; they will not only be more able to give intelligent assistance to the physician, but will also have a greater respect and appreciation for the medical profession. While it is true that a greater light thrown upon medical methods would expose a good many "ways that are dark and tricks that are vain," legitimate medicine would lose nothing, but quackery would receive its death blow. The greatest difficulty would be to draw the public attention away from the eager pursuit of business and pleasure; the people will probably prefer to go on as usual, carelessly violating the rules of health, not wanting to be troubled about "rules," depending upon the medical profession to help them avoid the results of such violations.

What we want is a better knowledge of the nature and treatment of disease by the people. What physician has not been irritated and annoyed by old women of all ages, male and female, who are always making suggestions, recommending this or that, and otherwise interfering with the treatment of a patient? But it is not from an abundance of knowledge of medical matters, but from their ignorance, that these persons are so officious. These ambitious individuals would undoubtedly subside if they knew a little more of the responsibilities of the profession. "Let there be light."

## THE BUSY PRACTITIONER.

The publications which we so frequently see designed for the "busy practitioner," such as, "A Brief Epitome," "A Condensed Treatise," "A Compact System of Book-keeping," etc., are really



better adapted to another medical individual, the "lazy practitioner." The "busy practitioner" is not one who has a cursory knowledge of diseases, but is the doctor who is satisfied with nothing less than the thorough investigation of a subject, and he is the "busy practitioner" for the very reason that he possesses more than a smattering knowledge of disease gained from some "brief epitome." These compact systems of book-keeping are very suitable to those who have little book-keeping to do. He who succeeds well financially, is the one that is complete in his book-keeping, and looks well after the delinquents.

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### OPERATION FOR RELIEF OF STRANGULATED INGUINAL HERNIA.

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BY JOHN FEARN, M. D., OAKLAND, CAL.

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EARLY on the morning of March 3, 1887, I was called to see Fred S. Oliver, a student of the California Medical College, and son of Dr. J. W. Oliver, of Reno. On inquiry I learned that twelve years ago he had fallen from a tree, and as the result of the fall, became ruptured on the right side. The hernia was reduced, and the boy got along apparently well. On several occasions hernia had again recurred, but was easily reduced. For a long time the doctor thought his son was entirely recovered, as the young man made no complaint, though he now says he frequently suffered much. No truss was worn. On the morning I was called, he had, on arising, passed a great quantity of urine, when suddenly he was seized with very great suffering; the pain was very largely in the region of the external abdominal ring, where a slight tumor could be perceived, but the pain spread over the abdomen. After careful examination, I came to the conclusion that it was an epiplocele,—that the difficulty was chiefly with the omentum,—although, from the diffused and spasmodic pain, I judged there was more or less colic. For relief, and to relax, I had administered a large injection of hot water, having the hips well raised; at the same time applied hot compresses externally, and gave lobelia internally. Taxis was then tried, but



it failed to remove the tumor, although the suffering was relieved. One hour afterwards, with the assistance of Dr. Webster, chloroform was administered and taxis was again tried, but it failed. After a counsel of war, it was deemed imperative under the circumstances to operate, and as there were elements of responsibility entering into the case, that we wished to divide, we telegraphed to San Francisco for Dr. Gere, Professor of Surgery in the California Medical College. He came. Taxis was again tried and failed. The operation was then felt to be the only course.

The parts were first shaved, scrubbed with soapsuds, and afterwards with solution of bichloride of mercury, 1 to 1,000. Chloroform was administered, and as soon as the patient was well under the influence of the anæsthetic, Dr. Gere proceeded as follows: Incision over middle of tumor three inches in length, three-fourths inch above, and parallel with Poupart's ligament, through skin and superficial fascia; superficial epigastric artery required ligating, tissues pinched up, nicked, and divided on grooved director, until sac was reached. Found that hernia did not apparently follow inguinal canal, but projected directly outward from internal abdominal ring, where constriction was manifest. Aperture was very small, would barely admit tip of finger; tissues very dense and strong, so that it was impossible to lacerate with finger nail. The probe-pointed bistoury was introduced flat along the finger into the ring; the edge was then turned up, and some constricting fibers were severed; the knife was withdrawn and attempts were made to enlarge the opening with fingers, but failed; the knife was introduced the second and third time as before, and additional nicks made in fiber of ring. The opening was now thoroughly dilated, still hernia could not be returned. The sac was opened to discover obstacle to reduction. Found a second coil of intestine extending down the inguinal canal, which had escaped after the first (direct) hernia. The second coil being reduced first, the other easily followed. The wound was dried with antiseptic precautions. The peritoneum was sutured with aseptic catgut, the other tissues with silk down, to, but not including, peritoneum. Drainage was provided for at lower angle of wound



by means of a few strands of carbolized catgut. Compresses of carbolized gauze and a snug bandage, to keep all in position, were then adjusted and the operation was thus completed. The patient was bolstered in bed with lower extremities flexed so as to relax abdominal muscles. For the first forty-eight hours there was some reflex suffering, for which a very light dose of hydrate of chloral was prescribed with very satisfactory results. The temperature never rose to 100. The wound healed speedily. The young man was kept on the bed for twenty-three days, when he was permitted to get up. A good truss was fitted to him, and through the pressure brought to bear by this truss, combined with structural changes, cicatricial and otherwise, about the abdominal ring we hope the cure will be radical. For twelve years past the possibility of a descending and incarcerated gut has been hanging over the head of this young man all the time, like "Damocles' sword." We think he has now good ground to hope that this period of danger and uncertainty is passed.

### ANÆSTHETICS AS PROMOTERS OF NORMAL UTERINE CONTRACTIONS IN CERTAIN CONDITIONS OF DIFFICULT LABOR.

BY J. G. PIERCE, M. D.

UPON the border-lands between difficult and instrumental labor we often find ourselves (to use a familiar marine expression) beating and tacking to give the ship progress against adverse winds. The recognizable difficulties are not always recognized, or, if recognized, are often so ill-defined as to leave us in doubt as to fixed and decisive measures to lead us out of the difficulty. There are certain well-defined obstructions to the parturient process occasionally met, with which the experienced accoucheur becomes familiar and is seldom at loss for expedients for removal. The most frequent are: (1) Inefficient action of the uterus; (2) rheumatism; (3) rigidity of os uteri; (4) obliquity of uterus; (5) toughness of membrane; (6) premature rupture of membranes. There are other mechanical causes for protracted or difficult labor,



but as it is my purpose to treat more of inhibitory than mechanical causes, I mention the above for the purposes of adoption or exclusion in the history of some of the cases that have come under my observation, and that are typical of indefinite or unassignable physical reasons—indefinite from the fact that although we may recognize and remove a mechanical obstruction, we cannot always know what physical or mental bias we are to meet, ready to balk our efforts.

As illustrations upon the blackboard will aid the mind to grasp ideas set forth by words, we will go to the bedside to take our observations and form our conclusions.

Mrs. T., aged 22, primipara, was in excellent health, she informed me, up to the time of her confinement. When called to her bedside, I found her in the hands of a midwife, and had been in labor for fifteen hours. Upon examination I found a vertex presentation, left-occipito-anterior. Os uteri two-thirds dilated, soft and dilatable. Membranes intact, but a minimum quantity of liquor amnii. Believing them to be the obstructing media, I ruptured them, but with considerable difficulty. They were so tough, and the amount of fluid so small, that I had to use the sharp point of scissors guarded with my finger. The pains had been irregular from the start, acting with considerable vigor for from one to three hours, then almost ceasing for variable periods. After becoming satisfied to exclude all obstacles but that of insufficient uterine action, I gave her five grains of quinine, and repeated every hour, for four, and each alternate hour one drachm *spc. tinct. macrotys*. At the end of five hours I found that some progress had been made, notwithstanding the continued and irregular contractions. The os uteri had fully dilated, and the head well engaged in the pelvic bones, with ample room, advancing and receding with each pain. With the same progress, though slow and vexatiously vacillating, I perhaps would have been content with no more unfavorable symptoms. But at this point, with a gradual cessation of pains, there supervened nausea, vomiting and great prostration. As soon as admissible, I administered one drachm *fl. ext. ergot*, which induced a violent contraction that lasted ten minutes, but seemingly with



little progressive force. Then an interval of half an hour without a pain, and another dose was given, followed by violent uterine contraction at first, but soon ceased there, to be diffused to her entire body. I thought it useless, and perhaps harmful to give her more ergot. Vomiting, jactitation, bodily prostration and mental distress, gave me notice that the forceps must be brought into immediate use. For anæsthesia I gave ether. Before I had her sufficiently under its influence to use the forceps, I discovered that she was having regular and efficient expulsive pains. Then withholding it, only allowing a sufficient amount to keep her quiet, the labor was completed in thirty minutes without the instruments. She made a good recovery.

I learned afterwards that this was a labor at full term, two and a half months after marriage, with doubts as to paternity. Mental perturbation was no doubt a large element in the difficulty.

I was called July 22, 1885, to the bedside of Mrs. W., aged 39, mother of thirteen children. She had been in labor for four hours. The membranes had ruptured with the first pain, and shortly afterwards puerperal eclampsia had supervened and continued until my arrival. Upon examination I found the os fully dilated, ample pelvic capacity, and vagina moist and dilatable. Pains were coming at regular intervals and ample force, but immediately upon each one reaching its maximum, there was a sudden recession of the fetal head and general convulsions. I determined upon immediate delivery with the forceps, and sent for my neighbor, Dr. Allen, for assistance and counsel. In the meantime I began the administration of chloroform to control the convulsions. It was but a little while until I observed better sustained contractions. And the deeper the anæsthesia without entire loss of voluntary motion, the more efficient the expulsive effort. When Dr. Allen arrived, the progress was so favorable that we thought unnecessary to use the instruments, and our decision was rewarded by a safe, natural delivery, while the body was almost in a complete state of anæsthesia. This case presented no mechanical impediment, no lack of uterine vigor, but an inhibitory influence in the nerve centers, that required to be set at rest before concentrated and sustained action could go on.



I must here relate an incident that occurred in Illinois about twenty years ago. It was so ludicrous in its termination that I will mention no names:—

Dr. Blank, an excellent physician, had been in attendance with a lady in labor, for twenty-four hours. There had been inefficient uterine action during the entire period. He had given her freely the usual tonics and stimulants, but with little avail. Ergot seemed to exercise no influence, the powers of the body seemed to be becoming exhausted, and he decided to deliver with the forceps. He sent a messenger to my office, four blocks away, but, to save time, had commenced administering ether. When I arrived it was thought necessary for me to go through the usual form of an examination. This I proceeded to do, but to my surprise, in place of finding the vulva, my hand grasped the head of the fetus. It was delivered in my hands, and the display of instruments was speedily removed from sight.

My difficult labors have not always terminated so happily. After anæsthesia, I have sometimes had to resort to instrumental assistance. But I have always observed that the parturient take kindly to it, and if the pulse is weak and variable, it will assume larger volume, and become regular. If the mind is disturbed through dread of pain, or apprehension of trouble from other sources, this is allayed, and the physiological process which seems to possess an individuality of its own, will take up the work with a better sustained effort.

It is not claimed for chloroform or ether that they are special uterine stimulants (as for ergot) that will compel the organ to contract, but that they first remove consciousness of dreaded pain, and adverse mental influences; secondly, if there is needed relaxation of parts not actively engaged in the expulsive effort, it will be favorably impressed or effected. I wish to add a word of caution against the too early resort to anæsthetics. They should not be given in the first stage of labor without extremely urgent and special reasons that cannot be met by other means. A rigid os uteri may sometimes be relaxed by their use, but cannot be withheld without disappointment and perhaps demoralization, after once experiencing the lethal influence, before the termi-



nation of labor. First be satisfied that there is no constitutional or special contra-indication, notably, hypertrophy or valvular insufficiency of the heart. Then if we have inco-ordinate action of the sensory and motor systems in the form of undue agitation, or convulsions, causing sudden cessation or irregular contractions, or if there are mental disturbances known or suspected exercising inhibitory influences, we may turn to anæsthesia in a properly modified form, hopeful of favorable results. Complete anæsthesia must be avoided as unnecessary for the purposes for which it is administered, if the powers of the body are to be trusted, and can be safely relied upon for its own delivery. But if not, it is but a slight remove from the most favorable condition for instrumental interference.

As to choice of agents, we will be governed by circumstances. If we are hopeful of a natural termination, we will give ether, it requires more time to secure its full effect, and watch what progress may be made. If eclampsia is to be controlled or speedy delivery with the instruments thought desirable, chloroform, more prompt in its action, offers better facilities for that purpose.

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### HYDRASTIS.

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BY J. C. ANDREWS, M. D.

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My experience with the Golden Seal, perhaps, will not be unlike that of many other physicians. My first use of the article was in the crude form for dyspeptics. One ounce of the pulverized article was put into a pint bottle, which was filled with the best whisky, let stand for a few days, when the patient was ordered, after shaking the bottle, to take one-half tablespoonful of the remedy three or four times a day, with the effect of increasing the appetite, regulating the bowels, and a general improvement of the patient,—a good form of the remedy, for atonic dyspepsia. I have prescribed equal parts of sulph. hydrastia and quinine in intermittent fever, with the most flattering results, the system recovering its wonted tone, doubtless from the benign and tonic influence of the hydrastia on the mucous coat of the stomach.



A case of gleet, of years standing, in a married man, contracted in his wild days, was presented for treatment. A solution of Lloyd's fluid hydrastis as an injection was given, with the effect of stopping the discharge for days and weeks, when it would reappear upon sexual indulgence. It was noncontagious. This treatment was persevered in for a month or two without substantial change.

I have prescribed the remedy under consideration, in a variety of stomach troubles, but have derived the most pronounced benefit in cases of gastric cancer, not that it will cure all or any case of cancer of the stomach; but it is very patent to my mind that great benefit will be derived in these cases by the judicious administration of the hydrastis canadensis. Treating complications as they arise, should there be weight and oppression in the stomach, with nausea and vomiting, give an emetic, then follow with a solution of Lloyd's colorless hydrastis; as,

R.        Lloyd's hydrastis,  $\mathfrak{zss}$ .  
          Tinct. nux vom, gtts. iv.  
          Aqua pura,  $\mathfrak{z}iv$ .

M. Sig.—One teaspoonful every two or three hours.

I experience more satisfactory results from small doses, oft repeated, than otherwise.

A common, though very efficient prescription with me is, for severe pain in the stomach, before meal time, with faintness, dizziness, too,

R.        Hydrastis (colorless),  $\mathfrak{zss}$  to  $\mathfrak{z}ij$ .  
          Tinct. nux vom, gtts iv.  
          Aqua dest,  $\mathfrak{z}iv$ .

M. Sig.—One teaspoonful every thirty to sixty minutes.

Gives immediate, and sometimes permanent relief. I prize it highly. Try it, as it is a cheap, pleasant, and efficient stomachic, in the cases I have named. Since the discovery and introduction of Lloyd's "colorless" hydrastis, the remedy becomes quite as pleasant as could be desired by the most fastidious.

A case in point illustrates my mode of using the remedy. Recently a Mr. DeF — came to me for diagnosis and treat-



ment. He had a dejected and care-worn look, complete loss of appetite, fullness, weight and oppression in the stomach, at times disgust for food, nausea and vomiting; some but not severe pain in the stomach, of a crawling, grasping, twisting character; very tender at œsophageal opening of the stomach, extending toward the pyloric extremity; bowels constipated; pinched features; sallow complexion. I thought I could detect a hard tumor where the tenderness existed, however, was not sure, as I expected, and looked for cancer of the stomach, and so diagnosed in my own mind, but did not so inform my patient, as it would unnecessarily alarm him. He was encouraged as much as possible, and finally through and by his urgent solicitation, I told him I thought it was some kind of an ulcer, perhaps scirrhus in character. This relieved his mind, though he did not understand the true nature of the lesion.

He was an old mountaineer, and miner, had the "sand" and will to get well. His stomach was put in good condition by an emetic of com. powder of lobelia and capsicum, followed with—

Lloyd's "colorless" hydrastis,  $\bar{3}$ ss.

Tinct. nux vom, gtts. iv.

Aqua pura,  $\bar{3}$ iv.

M. Sig.—One teaspoonful every three hours.

This treatment was persevered in for two or three weeks with a gradual improvement when he went away to a warmer and drier climate. I have recently heard from him, and to use his own expression, I "made a new man" of him. Appetite returned, can eat anything; is gradually gaining; considers himself well; has a new lease of his life. I should have said he was much troubled with a sour or acid condition of the stomach, for which he took bicarb. soda: I was very much surprised as well as gratified to hear such a favorable report of the case. I may have been mistaken in my diagnosis of the case, but a very bad case was greatly benefited by the use of the colorless hydrastis. I have used it but little as a collyrium, therefore know practically but little about it; but think it would be invaluable in such cases, as well as all diseases of the mucous membrane, wherever needed.



## SELECTIONS.

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### STROPHANTHUS.

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IN a previous issue we have already alluded to the cardiac stimulating powers claimed to be possessed by this drug. Unfortunately, the plant has been only obtained with great difficulty. There seems also to be considerable doubt as to what form of preparation is therapeutically most active, and we find various drug firms are using different parts of the plant for preparing the tincture, although Professor Fraser has claimed that the seeds alone contain the active principle of this drug.

Dr. Fraser's formula for making this tincture is that one ounce of seeds, first deprived of their oil or fat by means of ether, in which the active principle is insoluble, is percolated by rectified spirits to produce eight fluid ounces of tincture. Dr. Fraser has used tinctures of varied strength, but, finding the above too concentrated for convenient use, recommends one in which one part of the seeds alone without the hairs should be percolated with ten parts of rectified spirit, the dose of this tincture being 4 to 8 minims. He is especially emphatic in stating that the seeds and pods should not be used together, for, although the pods contain active principles, the relation of the tincture obtained from them and the tincture made from the seeds has not been determined.

Mr. W. Martindale, writing in the *Pharmaceutical Journal and Transactions* for November 20, 1886, states that he has examined tinctures prepared from the seeds, from the pericarp, and from the hairs, and, though he has found that all these parts contain the active principle, the tincture prepared from the hairs is weakest, and that from the seeds is the strongest, in acting on the heart-muscle. They are also all of them powerful muscle-poisons, and, according to the statement of Mr. T. F. Bradford, this particularly applies to the pod tincture, but more experiments are needed to decide accurately their relative value. As the drug is an extremely expensive one, it is evident therefore that if other parts of this plant, in addition to the seeds, contain



the active principle, they might for the sake of economy be used for preparing the active principle.

In this country Dr. C. L. Dana has extended our knowledge of the action of this plant through the report of a series of cases read before the Practitioners' Society of New York, on December 3, 1886 (*Medical Record*, December 18, 1886), in which he has used the drug. In one or two cases of Bright's disease, in which Dr. Dana used this drug, little or no striking benefit was observed as regards the cardiac irregularity and weakness, while in three cardiac cases progressive improvement occurred while the drug was being administered. In two cases marked improvement occurred after strophanthus was administered, while previously no special improvement was observed, three cardiac tonics having been already tried without avail in one case, and two in the other.

Dr. A. A. Smith also states that strophanthus had been used in the wards of Bellevue Hospital. In two cases of pulmonary oedema it was administered with good results. The first was a case of mitral systolic and double aortic lesion, in which pulmonary oedema developed after unusual exertion. Five minims of the tincture were given every four hours, and the patient recovered. He also reported a case of pulmonary oedema occurring in pneumonia, and a case of emphysema, in which this drug appeared to produce excellent results.

Dr. Beverley Robinson, at the same meeting, read notes of twelve cases in which strophanthus was used with success, even in some instances after other cardiac tonics had failed to produce any result, though perhaps it is worthy of note that often the mere change from one cardiac tonic to another will increase the quantity of urine for a day or two, or more.

In this connection it is worthy of note that two enterprising English drug firms expect to become millionaires at the expense of the public through the sale of this drug. We learn that these firms claim to have "cornered" the market in strophanthus, and have so advanced its price as to make at present, in view of the uncertainty of its action, any ordering of the new heart-tonic in physicians' prescriptions entirely unwarranted. The present



market price of the tincture of strophanthus—and it is to be noted that no definite strength is announced—is \$1.00 per ounce. Now, even if we admit that this tincture is made from the clear seeds and in the proportion first recommended by Professor Fraser,—*i. e.*, one pound of seeds to eight pints of spirit,—that would bring the price of the seeds to \$128 per pound. We further learn that the English firms which are thus attempting to fleece the general public are offering the clear seed at 160 shillings (\$40) per pound; and recollecting that the manufacturers of the tincture do not state that this tincture is made from the seeds alone, and that Dr. Fraser has more recently recommended a much more dilute tincture, it is evident that the profit made in this transaction must be simply enormous, provided the medical profession can be gulled into playing into the hands of such extortioners.

It is highly probable that this drug may prove to be a valuable adjuvant to our other means of treating a weak heart; but neither we nor our patients are compelled to rely on it alone, and until the manufacturing druggists learn that the medical profession cannot be played as puppets to fill their pockets, strophanthus hispidus should be let severely alone.—*Therapeutic Gazette*.

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KEROSENE OIL AND DIPHTHERIA.—Some eight years or more ago, after seeing a case of malignant diphtheria with Dr. N. A. Pennoyer, of Kenosha, Wisconsin, I received the impression from his conversation that he believed that the smoke of burning kerosene oil had much to do with the causation of the disease or its malignancy. The Doctor afterward stated that he had no such opinion; nevertheless, from that time to the present the writer has carefully inquired whether kerosene oil was used in the house, whenever summoned to a case of diphtheria; without exception the reply has invariably been that the oil was used either in the parlor lamp or in the kitchen light. In no instance do I remember seeing a case in a house where kerosene was excluded, and gas alone employed for illuminating purposes. Attention is called to this subject again because some of the boards of health in the East have lately expressed their opinions that the terrible epidemics recently experienced were due mainly to the increased use of this oil. Putrid sore throat, as diphtheria was formerly called, was always more fatal in the Pennsylvania oil regions than



in other parts of the country. If physicians will make a note in each case as to the use or non-use of this burning fluid, the truth will soon be known.—*Medical Visitor*.

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## DIABETES.

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THE death of prominent men from diabetes seems to be an increasingly frequent event, and the general impression prevails that diabetes, of neurotic origin especially, is more common than it was formerly. This is probably the case, yet the statistics of the United States censuses for 1870 and 1880, do not show any striking change. In 1870, for example, the number of deaths from diabetes reported was 837, or 17 per cent; in 1880 the number was 1,443, or 19 per cent of the total deaths.

The fast life of the American, the accumulation of wealth, and indulgence in excessive drinking and eating, would explain in part an excessive increase in diabetes. Glycosuria is said to be very prevalent in the Northwest, where the air is very dry, where business competition is exceedingly keen, and where nervous wear and tear are great.

Diabetes is a disease which has many specifics, and recently we have had a new one given us, based on extensive trial of ten years.

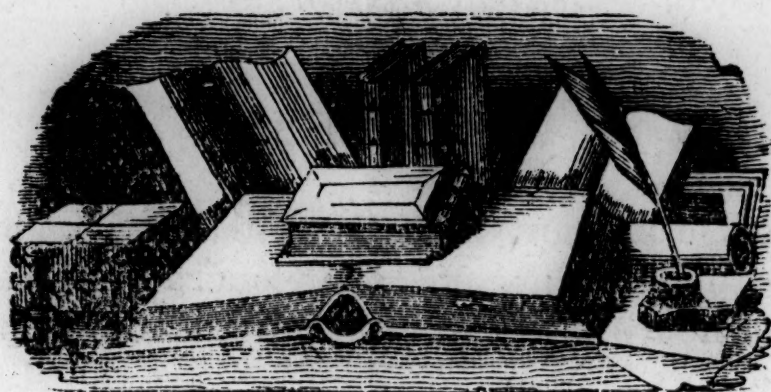
The account of it is given by the Paris correspondent of the *Lancet*, as follows:—

“At a recent meeting of the Société de Thérapeutique, M. Martineau stated that he had been treating diabetes for the last ten years, with almost invariable success, by a method which he had borrowed from a practitioner now dead. He had hitherto made no communication upon the subject, because he had wished to be perfectly certain that his conclusions were not premature. The treatment consists in the administration of a solution of carbonate of lithia and arseniate of soda in aerated water, to the exclusion of all other drinks. Besides taking this with his meals, the patient uses the same as a beverage when thirsty at other times. M. Martineau affirms that this regimen has cured sixty-seven of seventy diabetic patients he has had occasion to treat.”

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DR. CADELL says that warts of the genitals treated with chromic acid in the proportion of two grains to one ounce of water disappear with marvelous rapidity, and with but little pain.—*Louisville Medical News*.





## EDITORIAL.

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**The Law of Cure.**—We do not hear so much of a law of cure in these latter days as in times past. Authority in medicine is losing its autocratic influence, and the value of clinical experience—of the personal observation of the active practitioner is being regarded as of much more value than the fine-spun theories of visionary writers.

At the present time we believe the only law of cure which commands any following is that promulgated by Hahnemann something more than eighty years ago, *similia similibus curantur*. The regular school of medicine has repeatedly changed its base, and long ago abandoned the Galenic formula, *contraria contrariis curantur*. Since that time it has adhered to no system. Its therapeutics have been wholly empirical, and its doses extravagantly large and unpleasant, until within the last decade, during which time some of its leading writers have followed in the wake of the homeopaths in the respect of giving special attention to the physiological action of drugs, or, as the followers of Hahnemann term it, “drug pathogenesis.”

Say what we may of Hahnemann’s interpretation of the phenomena of drug proving, its institution was certainly a step in the right direction. The specific affinity existing between drugs and tissues had been noted before in a few instances, the knowledge having almost forced itself upon the observation of medical men. But the system of proving gave rise to a much more extended range of knowledge in this respect, and had it not been for objections to the infinitesimal doses of homeopathy, and the absurd



and dogmatic propositions contained in its law of cure, it would probably have been embraced by other schools of medicine long before. But medical men were not liberal enough to appropriate the good of this system and reject the bad until the founding of the eclectic school promulgated a liberality in medical thought never before entertained.

Disease from perversion of healthy action in any part is marked by symptoms very similar to those resulting from the disturbance produced by large doses of a drug, possessing an affinity for the same part. Proving a drug then decides this affinity, if it be marked, and this becomes a valuable guide for the administration of the drug as a curative agent, if we wish to disturb the molecular action of the part kindly, and place its molecules in a condition for healthy re-arrangement. We do not believe in the dual action of drugs, except as regards duality of dose. With a large dose, having an affinity for a certain part, we may produce unpleasant disturbance there, and with a minute one we may produce just the kind of disturbance which predisposes the part to healthy action. This is not duality of action by any means, it is unity of action, the difference being in the amount of force liberated.

If this were the case with all drugs, the "immortal" Hahnemann would have evolved a law which would have been in time the law of all medical schools, for then we might apply the formula, *similia similibus curantur*, and set it up as the universal law of cure; but instead we find that many drugs manifest an affinity for special parts of the organism, and exert a curative influence over diseased conditions, the symptoms of which neither correspond to nor resemble those resulting from the proving of said drugs.

Still this plan of proving drugs and prescribing according to the symptomatology resulting, is liable to be misleading, from the fact that reflex symptoms may so resemble the pathogenesis or disturbance produced by the action of the drug on a part that the practitioner when depending upon symptomatology alone might be administering a drug which would spend its influence upon some part remotely located from the true seat of the disease.



An anal fissure, or a rectal stricture, for instance, will give rise to gastric disturbance, manifesting itself in all the protean symptoms of some local disease of the stomach. Yet remedies administered for the purpose of relief would have no beneficial influence if directed to the latter organ, and yet the symptoms might be very similar to the pathogenesis of any drug having an affinity for that part.

We object to the law of *similia*, then, because it is dogmatic, unscientific, and not generally applicable, and because it is misleading, and if followed would tend to retard medical progress in doing away with the study of physiology, hygiene, pathology, and other subjects which have done so much within the last quarter of a century to advance medical science. How would the homeopaths of Hahnemann's time stand beside the worst practitioner of any school to-day, and yet the law provides for no advance, except, perhaps, the introduction of new remedies.

Modern homeopaths are not unsuccessful practitioners, but they are not what they would seem. Some of their colleges teach nearly pure homeopathy, perhaps, but their neophytes soon find after graduation that they have much more to learn before becoming successful practitioners. The claims of some of their writers, however, are so preposterous as to almost amount to impudence. Hale, in his "New Remedies," is notably inconsistent in his assertions.

In his preface he defends himself for quoting from allopathic and eclectic sources, by the assertion that all cures are homeopathic by whomsoever made. In the fifth edition of his volume of therapeutics he recommends salicylic acid in ten-grain doses, every three hours, for the cure of inflammatory rheumatism (which is good therapeutics, except that the dose is dangerous), but we would respectfully ask if anyone has ever known salicylic acid to produce symptoms at all similar to inflammatory rheumatism when proven on the healthy. Orthodoxy is always replete with absurd propositions for the holding up of its dogmas.

It may be asked, then, Why indorse the proving of drugs? We would prove drug agents for the purpose of determining by the phenomena induced, the parts, organs, or systems influenced.



Hahnemann proved remedies for the purpose of eliciting a picture made up of drug symptoms, that a similar picture might be treated by the corresponding drug. We care little for the symptoms induced by proving, except to determine the part acted upon and the manner of action. We would then expect that clinical experience would teach us much more than the blind following of an empirical law.

An eclectic practice of medicine forbids that a law of cure should be written. Too much is to come in the hereafter to venture a formula of this kind. Rapid advances in the study of germs as disease-producing factors indicate that an important class of remedies will be known in the future as *germicides*. How will our friends apply their law here. Parasites will call for *parasitocides* each, as well as of germs, perhaps, being a law unto itself. Certain agents impart functional stimulus to tissues or organs, others improve their nutrition. Schussler's tissue remedies supply the salts necessary to cell formation. Electricity in the form of Faradism invigorates through the succession of shocks imparted to the tissues, perhaps, or in the form of galvanism produces molecular changes, removing morbid products and indurations.

These agents are opposite in their manner of action in numerous instances, and we can no more group their manner of cure under one formula than we can describe the varied functions of the body under one formula. To become successful practitioners we must study each agent individually, not with a preconceived formula in mind, with the intention of warping everything to it, but to unravel some hidden lesson which it may contain.

With a careful study of things unknown, and the light our predecessors have afforded, we shall without doubt make some progress in the healing art without a law of cure to guide or bias us.

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**Therapeutics of the Mental Sphere.**—If the brain is the organ of the mind, and special regions are devoted to special functions, and special remedies manifest a selective affinity for special parts, there is no reason that we shall not in time be able



to control many morbid psychological manifestations with therapeutic remedies. Materialism thus offers a way for the accomplishment of what the mind-curing crank will seek in vain until the millennium.

A few remedies disturb cerebral functions notably. Hyoscyamus, for instance, when given in material doses, just short of a poisonous effect, produces delirium, hallucinations and garrulousness. The patient is inclined to be quarrelsome. Stramonium also disturbs the brain, but loquacity and quarrelsomeness are not among its prominent symptoms. The aberration produced is more of action and less of speech. Beverly describes the influence of stramonium upon soldiers who took an over-dose at Jamestown, as follows: "They turned natural fools for several days. One would blow up a feather in the air, another would dart straws at it with much fury, and another, stark naked, was sitting up in a corner like a monkey, grinning and making mouths at them; a fourth would fondly kiss and paw his companions, and sneer in their faces, with a countenance more antic than in any Dutch droll. In this frantic condition they were confined, lest they should, in their folly, destroy themselves, though it was observed that all their actions were full of innocence and good nature. After eleven days they returned to themselves again, not remembering anything that had passed."

Both hyoscyamus and stramonium tend to disturb the sexual propensities, the delirium of hyoscyamus being marked by obscenity, and those intoxicated by stramonium often exhibit marked voluptuous and indecent sexual excitement, as, for example, by exposure of the sexual organs. The homeopaths regard that form of mania arising from disturbance of the reproductive apparatus coming on after childbirth—puerperal mania, as especially calling for stramonium.

A few weeks ago an estimable lady, nearly past the climacteric, called upon the writer for relief from a disposition to quarrel with her husband. She averred that he was an indulgent husband and kind father to her children, but for all that, every time he came into her sight, the impulse to give him a scolding became irresistible. She had no reason for complaint, and their domestic rela-



tions had always been pleasant, and she was sorry every time she gave way to the impulse, yet she could not help it.

Ten drops of mother tincture of hyoscyamus were added to a four-ounce vial of water, and the patient directed to take a teaspoonful every three hours. In a few days the lady returned for certain local treatment, which had been going on for several weeks, and reported her quarrelsome disposition entirely gone, and it has not returned since.

The *tela araneæ* produces certain peculiar mental symptoms. If a drug impresses a part unpleasantly, lessen the dose and you may fairly expect a pleasant and restorative effect if the same part be diseased. Upon a number of occasions we have had our patient complain of frightful dreams after the use of *tela* as a hypnotic agent. An old physician just convalescing from an attack of bronchitis and who had been sleepless for a number of nights after taking small doses of this agent, rested well apparently, and reported himself much refreshed in the morning, but asserted that he had been fighting wild animals all night, and this is the experience of many who take it.

The mental sphere of *pulsatilla* is familiar to the majority of our readers. Scudder gives the indication as "a fear of impending danger." In many cases of supposed heart disease we find *pulsatilla* to have a prompt and pleasing effect, but it is in those cases where the mind and not the heart is at fault. The patient comes to you complaining of unpleasant cardiac symptoms, and manifesting a dread of serious results. You make a careful and thorough physical exploration, and decide that no cardiac trouble is present, but that the difficulty lies in the sensorium. You prescribe *pulsatilla* and your patient soon reports the unpleasant heart symptoms gone. We often find this the case in instances where the mind of the patient centers itself on some other part of the body, and worries him into horrors over an impending doom. The *pulsatilla* relieves the brain symptoms if they are only functional, and the imaginary disease disappears. However some patients are constitutionally hypochondriacal, and nothing short of Gabriel's trump will raise their drooping spirits.



**The New Medical Law in Minnesota.**—The recent passage of the medical law in Minnesota, is suggestive of a more thorough curriculum in some of our medical colleges. We are not as strong advocates of medical legislation as some, and we differ from some in believing that all schools of medicine should have equal rights, provided their representatives have been thoroughly drilled in the essential branches of medical science; but if we are to have laws regulating this branch, let them look to an elevation of the standard, rather than a discrimination in schools of medicine.

Eclectics have no college in Minnesota, therefore they have been left to the tender mercies of "allopathy," or "regular" medicine and homeopathy, two out of nine of the Board being homeopaths. This is also about the situation in Pennsylvania. But what we desire particularly to call attention to, is the fact that no physician can begin practice in Minnesota, no matter what his qualifications may be, who cannot present evidence of having attended three full courses of lectures of six months each. We reproduce the law in full, here, as it may be of value for future reference:—

*Be it enacted by the Legislature of the State of Minnesota:—*

SECTION 1. The Governor of this State shall appoint a Board of Examiners, to be known as the State Board of Medical Examiners, consisting of nine (9) members, who shall hold office for three years after such appointment, and until their successors are appointed. Provided, that the members thereof first appointed under this act shall be divided into three classes, each class to consist of three; the first class shall hold office under said appointment for the period of one year, the second class for two years, and the third class for three years from the date of their appointment. It is further provided that no member thereof shall be appointed or serve for more than two terms in succession, and no member of any college or university having a Medical Department, shall be appointed to serve as a member of said Board. Two members of this Board shall be homeopaths.

SEC. 2. Said Board of Medical Examiners shall elect a President, Secretary and Treasurer; shall have and keep a common seal; the President and Secretary shall have the power to administer oaths. Said Board of Medical Examiners shall hold meetings for examination at the capitol of this State on the first Tuesday of January, April, July, and October of each year, and



such other meetings as said Board may, from time to time, appoint. Said Board will keep a record of all the proceedings thereof, and also a record or register of all applicants for a license, together with his or her age, time spent in the study of medicine, and the name and location of all institutions granting to such applicants degrees or certificates of lectures in medicine or surgery; said register shall also show whether such applicant was rejected or licensed under this act. Said books and register shall be *prima facie* evidence of all the facts therein recorded.

SEC. 3. All persons hereafter commencing the practice of medicine and surgery, in any of its branches, in this State, shall apply to said Board for a license so to do, and such applicant, at the time and place designated by said Board, or at the regular meeting of said Board, shall submit to an examination in the following branches, to wit: Anatomy, physiology, chemistry, histology, materia medica, therapeutics, preventive medicine, practice of medicine, surgery, obstetrics, diseases of women and children, diseases of the nervous system, diseases of the eye and ear, medical jurisprudence, and such other branches as the Board shall deem advisable, and present evidence of having taken three full courses of lectures of six months each. Said Board shall cause such examination to be both scientific and practical, but of sufficient severity to test the candidate's fitness to practice medicine and surgery. When desired, said examination shall be conducted in the presence of the Dean of any medical school, or some person designated by him, or the President of any medical society of this State. After examination, said Board shall grant a license to such applicants to practice medicine and surgery in the State of Minnesota, which said license can only be granted by the consent of not less than seven (7) members of said Board, and which said license shall be signed by the President and Secretary of said Board and attested by the seal thereof. The fee of such examination shall be the sum of ten dollars (\$10), and shall be paid by the applicant to the Treasurer of said Board, to be applied toward defraying the expenses thereof. Such Board may refuse or revoke a license for unprofessional, dishonorable, or immoral conduct. In all cases of refusal or revocation, the applicant may appeal to the appointing power of said Board.

SEC. 4. The person so receiving said license shall file the same or a certified copy thereof, with the Clerk of the district court, in and for the county where he or she resides, and said Clerk of the court shall file said certificate or copy thereof and enter a memorandum thereof, giving the date of said license and name of the person to whom the same is issued, and the date of such filing in



a book to be provided and kept for that purpose, and said Clerk of the court shall each year furnish to the Secretary of said Board a list of all certificates on file in his office, and upon notice to him of the change of location or death of a person so licensed, or of the revocation of the license granted to such person, said Clerk shall enter at the appropriate place in the record so kept by him, a memorandum of said fact, so that the record so kept by said Clerk of the court shall correspond with the records of said Board, as kept by the Secretary thereof. In case a person so licensed shall move into another county of this State, he or she shall procure from the Clerk of the court, a certified copy of said license and file the same with the Clerk of the district court in the county to which he or she shall so remove; said clerk shall file and enter the same with like effect, as if the same was the original license.

SEC. 5. This act shall not apply to commissioned surgeons of the United States army or navy, to physicians and surgeons in actual consultation from other States and Territories, or to actual medical students practicing medicine under the direct supervision of a preceptor. Physicians whose practice extends into the territory of this State from an adjoining State or Territory shall comply with the provisions of this act, and record their certificates with the Clerk of the county in this State whose county seat is nearest the residence of such applicant.

SEC. 6. Any person practicing medicine or surgery within this State without first having obtained the license herein provided for, or contrary to the provisions of this act, shall be deemed guilty of a misdemeanor, and upon conviction shall be fined not less than fifty (\$50) nor more than one hundred dollars (\$100), or by imprisonment in the county jail not less than ten nor more than ninety days, or both fine and imprisonment. Any person shall be regarded as practicing within the meaning of this act, who shall append the letters M. D. or M. B. to his or her name, or, for a fee, prescribe or recommend for the use of any person, any drug, medicine, or other agency for the treatment, cure, or relief of any wound, fracture or bodily injury, infirmity or disease. Justices of the peace, and the respective municipal courts, shall have jurisdiction over violations of the provisions of this act. It shall be the duty of the respective county attorneys to prosecute violations of this act.

SEC. 7. Chapter 125 of the General Laws of 1883, is hereby repealed. It is, however, provided that all persons licensed under said act, and the Secretary of the Board herein provided for, shall enter the names of such persons upon the register so kept by him, as licensed physicians and surgeons, without application or fee upon the part of the person so licensed.



SEC. 8. This act shall take effect and be in force from and after July 1, 1887.

Opponents of legislation may kick against the pricks as hard as ever they like, but this will not stem the tide which is setting in toward a more extended period of medical tuition, and medical students will in time become convinced that the shortest way home is the longest way around. If eclecticism in medicine expects honored recognition, let it stand at the front in demanding of its graduates as thorough a curriculum as that demanded by any school in the country. Eclectics cannot afford to be considered otherwise than of the best, and thoroughness of detail in the acquirement of a medical education is the only guarantee of true excellence in a medical novitiate.

So long as there is nothing to antagonize the authority of medical colleges, so long those graduating students on short time will have the best following, for many medical students look upon a medical education in a business point of view as a legal requirement, while they rely upon their own abilities to secure business after beginning practice. The college which has respectability and requires the least, will be likely to be their choice.

We favor then a Board which shall say to graduates, "Thus far shalt thou go and no farther," or, in other words, "Attend a college which requires a thorough course of study of its graduates, and we will recognize your diploma, or if one college does not require it, attend sufficient time at another to come up to a required standard, and we will consider your claims. If you have been diligent during that time, an examination will prove it." However we believe that the examinations should be conducted by Boards composed of the following of the respective schools. Every State law should provide for three examining Boards at least,—eclectic, homeopathic, and old school—and if physio-medicalism can muster a corporal's guard in any State, let it also be represented. We would not hedge out the choice of any tax-payer in a free country.

It is true that a long course of study may fail in qualifying one as a good physician, but if this fails what else can possibly succeed? Some people mistake their calling,—“are not cut out



for doctors," to use a popular phrase, and would not succeed in an age, but this is no argument against the proposition that one who can, can be improved by a thorough knowledge of what is taught in medical schools.

The farce of studying medicine in a physician's office is nowadays receiving little commendation. Some who attempt this make good progress and profit materially by the advantages offered, but not every physician does his duty well as a preceptor, and not every office student has time or takes time to devote himself to study. The raw material well drilled in college, will do well, no objection being raised to any previous experience, provided too much credit is not asked for time devoted to parties, cigars, billiards, etc.

**The Dutchman's Pig.**—Announcements from various medical colleges come in anon, each setting forth the advantage of its respective institution. Among others, that of the Long Island College Hospital has put in an appearance. This institution aims high. It sports a chair in bacteriology, among other new fashions, and numbers twenty-two professors in its Faculty.

Its requirements for graduation might be compared to the Dutchman's pig, which was fat but not so "tam" fat after all. The diplomas, or tickets, of irregular medical schools, and the certificates of physicians practicing exclusive systems of medicine, will not be received or recognized, nor will time spent in practice prior to graduation be received as an equivalent for any part of a lecture course. With these restrictions only two courses of lectures of six months each are required if the student has studied with a regular physician in good standing for three years, which means much or nothing as it may happen.

How in the name of reason a student is to imbibe and absorb the combined wisdom of twenty-two professors, become expert enough with the microscope to master the subject of bacteriology as well as learn to cultivate, prepare and mount the different specimens, besides preparing himself for the more practical branches of medicine by listening to clinical and didactic lectures, in so short a time, we cannot see. The proposition appears toler-



ably well on paper, but it will not bear a second thought. The affair may be excruciatingly regular, but we opine students will come out of such an institution so bewildered with the multiplicity of subjects examined as to be worthless as general practitioners. The useful part of their education must nearly all come after graduation, if they have brains and energy enough left to develop into respectable practitioners.

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**The Coming College Term.**—On the first Monday of next month, the next regular course of lectures of the California Medical College will open at 2417 Mission Street, San Francisco, and from the number of inquiries being made, we expect to meet, then and there, a large and interesting class.

The *live* element of eclectic medicine is growing on this coast. The dying element is nearer dead than ever. Those who are living for something more than mercenary ends are convincing the public that we are not simply a side-show for the granting of licenses to adventurers, and diplomas to buyers, but a representative and progressive school of medicine, which has not only the ambition but the ability, to make itself favorably known.

The argument that old school medicine is the proper one from which to obtain a diploma because it confers upon the holder greater privileges regarding places of public trust, becomes weak when the fact is well known that the supply is already far in excess of the demand. Success in the profession will depend upon the ability of the individual, and we know our graduates, those who have never gone elsewhere, are making the practice of medicine an eminent success.

California eclectics who send their students away from home to attend lectures, make a great mistake. Every young man who enters the medical profession should consider the manner of his entrance carefully, for it becomes a matter of history inseparably connected with his future career. The course of which he can feel most proud in after life, is the one which he should select if his ambitions are laudable. Our college demands that its graduates shall apply themselves sufficiently long that the amount of time devoted to medical study, shall be something of a guarantee



of proficiency. Surely men of good judgment will not expect more in less time from foreign sources than they can get at home in longer time. Visitors from the East, who have knowledge of Eastern methods of teaching, compliment us on the thoroughness and ability of our instructors. Not long ago a gentleman who has graduated, both in leading eclectic and homeopathic colleges in the East, said to the writer after listening to Professor Maclean's lecture, "You deserve larger classes." We feel that this is true, and we know that the boom is coming. We know that not only will Californians stay at home, but in less than five years more students will come to our halls from the East than have ever gone away from California.

Cheap honors are out of fashion. Cheap railroad rates, the loveliest climate in God's world, the most thorough curriculum and the ablest teachers will constitute an unfailing influence to swell our classes and establish our fame. No Eastern medical student will ever regret the extra time and money spent in California in obtaining a diploma from our school.

A new chair has been added to the Faculty since the arrangements for removal were completed. Pedology—Diseases of Children—is an important part of every practitioner's every-day knowledge. We do not believe in having so many teachers as to confuse the mind of the pupil, but we feel that this branch deserves special attention. Professor Schmitz will no doubt do credit to himself and this department, and thus greatly further the value of every course of lectures which will follow this date.

Announcements have been out for several weeks. Geo. G. Gere, M. D., 120 Post Street, San Francisco, is the Secretary. He may be addressed for these, or D. Maclean, M. D., Dean, 330 Sutter Street.

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**More Eclectics.**—The California Medical College held its eighth graduating exercises in College Hall, Wednesday evening, April 20. The hall was beautifully decorated with evergreens and flowers, and was filled to the doors with the friends and acquaintances of the graduating class. The following named ladies and gentlemen received the degree of M. D.: Augustus F. Childs,



John W. Harvey, J. Wing Oliver, Anna J. Patterson, Flora M. Potts, Hanna Scott Turner, and Hippolyte Vandre.

The following programme was rendered: Piano solo, Master Henry Foster; prayer, Charles E. Lambert; male quartette, Messrs. Hughes, Lawrence, Redfield, and Beardsley; violin solo, Master Henry Foster; conferring of degrees by D. Maclean, M. D.; song, male quartette; address by F. Cornwall, M. D.; vocal solo, Miss Mamie Hanford; piano solo, A. B. Marconnay; Ph. D.; benediction.

Professor Cornwall, in his address, dwelt upon the different schools of medicine, and in his remarks to the graduates, said: "This will no doubt be one of the happiest occasions in your life, and when you go away from these halls to-night with that roll of parchment under your arm, the world will seem bright, and your footsteps light as you look forward to your new life. On your natural adaptability to the profession, much of the degree of your success will depend. Doctors are born as well as poets. Although it is necessary that you, as physicians, keep abreast of the times by reading the current medical literature, much more depends upon your self training. Agassiz would never have been the naturalist by reading the thoughts and experiences of others; nor Edison, the inventor, by studying books. I hope and earnestly entreat you never to disgrace your *alma mater* by unprofessional practices. If you cannot make a living by the honest practice of your profession, in the name of, and for the good of science, leave it."

The Dean, Prof. D. Maclean, M. D., then followed with a short address, in which he stated that the California Medical College had been established in Oakland for eight years, and that this, the class of 1886-87, was the eighth class sent out by the college, and if the people of Oakland would only forgive the institution, it would be the last one. The College had purchased its property, built thereon a substantial building, paid for it, and had brought its students to the city, all of whom had left more or less money. "We have tried," he said, "every possible means to aid you by maintaining a college in your fair city, and our success thus far goes to show our intentions were of the best. Yet we have not



received the encouragement due us by the residents of Oakland. We once petitioned the Board of Supervisors to grant the privilege to our students to visit the Receiving Hospital. They did not grant it, but they had not the manhood or courage to refuse it, and the petition is on file yet. The career of the California Medical College, in Oakland, has come to an end. Be it understood, however, that we do not cease operations because we leave the city. We are simply going to San Francisco, where there is more money, a greater population, and a larger field for us. We thank you for what favors you have shown us; the wrongs you have done us we may forgive, but never can forget, though we shall always be pleased to meet you at our exercises in San Francisco, as we have been to see you here." M.

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**Cure of Deafness by Oil of Mullein.**—In the May number of the *California Homeopath* there is a selection in which some doctor says he cured his aged mother's deafness by dropping into the ear *oil of mullein*. It would seem from this that we were going back to the Dark Ages, when the urine of mice and monkeys, and such like, was used for deafness. I am surprised at the editor of the *Homeopath* that he made such a selection. The doctor does not state whether he looked into the ear to ascertain the character of the disease, but poured in the oil on general principles. This illustrates, painfully, the exactness of many medical men's diagnosis. There probably was dryness of the external canal, with hardening of the cerumen which had been shoved in against the tympanic membrane by ear spoon, or some such implement. If the doctor had looked into the canal and had ascertained that such was the case, a little warm water would have answered as good a purpose as the mullein oil. If the deafness had been in the tympanum or labyrinth, how could the oil have done good? We have, for years, taught that the main thing for the medical man was to be able to make a diagnosis, and quite likely having this correctly made, the proper treatment would be suggested. C.



**Death of Dr. J. S. Coleman.**—Sometime in the month of March last, Dr. J. S. Coleman, of San Francisco, while in attendance on a patient, and feeling the pulse, dropped suddenly to the floor and immediately expired. He had been in rather poor health for about two years, aphasia being the prominent symptom during that time. Heart disease has been ascribed as the cause of death, but prominent symptoms of cerebral disease having existed so long, and there having been no autopsy to confirm the diagnosis, we would be inclined to ascribe the sudden taking off to cerebral apoplexy.

Dr. Coleman was formerly a Bostonian, and practiced his profession in his native place for a number of years. About thirty-two years ago he went to San Francisco and has been in practice there since.

He was a prominent member of the Eclectic Medical Society of this State, and for a time one of the Examining Board. He was faithful and conscientious in the performance of his duties, prompt in attendance, and frank and genial in his intercourse with his associates. He leaves many friends behind.

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**Death of Dr. Emma Mintern.**—Just before closing the last form of this number, we are pained to learn of the death of this estimable lady, which occurred at San Luis Obispo, this State, on the 29th of last month.

Mrs. Mintern had been in poor health for the past three years, her trouble being of a very obscure nature. Extreme debility, anæmia, dyspepsia, dyspnœa, cardiac palpitation, and nervous exhaustion were the prominent symptoms. Malignant disease of the pelvic, or abdominal viscera, was long suspected but never detected. For years prior to her indisposition she had been in the habit of allowing a galvanic current to traverse her arms while making a general application of it to her patient. The influence of this upon the spinal cord might have perverted the functions of the sympathetic.

Dr. Mintern was for many years a prominent physician of San Francisco. She was a member of the Eclectic Medical Society of California, an ardent advocate and supporter of eclectic medicine, and a physician of a high grade of executive ability.



### MISCELLANEOUS PARAGRAPHS.

A WRITER in an exchange, which has been mislaid so we cannot give credit, recommends equal parts of simple syrup and linseed oil in dram doses, for the relief of whooping-cough.

W. F. CURRYER, M. D., Professor of Pathology and the Practice of Medicine in the Indiana Eclectic Medical College, has been making a visit to California recently. He called at the JOURNAL office, but the editor was out. Come again, Doctor.

THERE is at Liberty, Nebraska, a good location to be had for the taking. The doctor, who is now at that place is not able to practice longer, and will give it up. He would like some good eclectic to come in and take his place. Write to him for particulars.—*Chicago Medical Times*.

ANY physician who desires a good location with practice of one year's growth, paying \$2,000, with good collections, will do well to correspond with M. P. Fogleson, Bronson, Michigan. The Doctor will give satisfactory reasons for leaving the place, and will sell his outfit, horses, buggies, office fixtures, etc., etc., at a bargain. He will also introduce parties to his patrons.—*Chicago Medical Times*.

TO PREPARE LIGATURES.—Professor Gross uses Macewen's method: Take one drachm of chromic acid (crystals) to five ounces of water; of this solution take one ounce and add to it an ounce of glycerine. In this latter steep the animal ligatures ten days, then remove and thoroughly dry them. Now, for preservation, keep them in a 5-100 solution of carbolic acid.—*Col. and Clin. Rec.*

OUR readers have all heard of Dr. Robert Koch, of Berlin, who has been prominent for some years as a bacteriologist. Parke, Davis & Co., of Detroit, Michigan, have forwarded us a portrait of the great German savant. This house, with characteristic liberality, proposes to forward a duplicate free of charge, to each of our readers who will take the trouble to write for it. A fine picture for the office wall when framed.

HÆMORRHOIDS.—Hæmorrhoidal tumors should be injected with an eight-grain solution of muriate of cocaine, plus an equal volume of "phenol sodique;" use the injection from twenty minims to a drachm, according to size of tumor. It is seldom necessary to inject more than once or twice. This injection deposited in two or three drops, making the punctures one inch apart over the rectum, will seldom fail to cure prolapsus of the rectum. Should be repeated two or three times.—*Technics*.



DOCTOR GEO. R. BASSETT, of Hobart, Indiana, having acquired sufficient of this world's goods to enable him to live in peace and plenty the rest of his natural life, has concluded to come to the city to enjoy the fruits of his labors. He has a drug store, which, together with a small stock of drugs, he will sell very cheap. He says that any live man with a cash capital of \$500 will have no difficulty in making a good living from the first. This is a rare chance. Write to the Doctor and mention the *Times*.—*Chicago Medical Times*.

THE following formulæ are highly recommended by Dr. T. S. Morton:—

For diabetes mellitus—

R.     Ext. Eucalyptus fld., 3v.  
          Ext. Yerba Santa fld., 3vj.  
          Ext. Hydrangea fld., 3v.  
          Lithia Cit., 3ij.  
          Creosote, m. xxx.  
          Glycerine, 3iv.  
          Elix. Simp., 3v.  
          Aqua, q. s., ad., oj.

M. Sig.—Tablespoonful *ter in die*.

For acute nephritis and acute cystitis—

R.     Lithia Citrate, 3ss.  
          Ext. Eucalyptus fld., 3j.  
          Tinct. Cantharides, m. x.  
          Tinct. Opu. Camph., 3vj.  
          Syr. Acaciae, 3iv.  
          Aqua, q. s., ad., 3iv.

M. Sig.—Tablespoonful every hour or two.

For neuralgia—

R       Tinct. Iodoform Comp., 3iv.  
          Ext. Apium Gravelons fld., 3iv.  
          Ext. Matricaria fld., 3vj.  
          Syr. Simp., q. s., ad., 3viii.

M. Sig.—Tablespoonful in a glass of water, three or four times a day.

SANTONIN IN AMENORRHOEA.—W. Whitehead, F. R. C. S., Eng., F. R. S., Edin., Surgeon to the Manchester Royal Infirmary, prescribed ten-grain doses of santonin to be taken for two consecutive nights, and to be followed each morning by a seidlitz powder. No worms made their appearance, but, a few days afterward, menstruation, which had been in abeyance for several months, oc-



curred. Santonin in amenorrhœa, and in many cases after the permanganate of potash has been tried in vain, and in chloro-anæmia, subordinate to amenorrhœa, appears to be of the most signal value. With the return of menstruation, or a discharge of blood from the vagina equivalent in effect, every symptom has rapidly subsided.—*London Lancet*.

**RADICAL CURE OF FISTULA IN ANO.**—First trace fistula with flexible probe. Wash out the track with a 5 per cent solution of hydrogen peroxide. Then inject a 95 per cent solution of carbolic acid, plus equal quantity of a 10 per cent solution of muriate of cocaine. Draw about 10 to 15 minims in the syringe. Push the flexible needle to the depth of fistula, and then inject slowly as you withdraw the needle. Within two hours inject oleum eucalyptus and glycerine, equal parts, and the operation is finished. Keep patient quiet for forty-eight hours.—*Technics*.

AN old chestnut, familiar to all readers of medical literature, which was formulated by Dr. Oliver Wendell Holmes, to the effect that "if all medicine was cast into the sea, it would be better for man but worse for the fishes," has been quoted for many years. This might have been true of Dr. Oliver Wendell Holmes's medicine, but the fact is that medical science has increased the expectancy of life many years, as shown by the accurate tables of the insurance companies. And modern medicine and surgery are rescuing people every day from disease and injuries that were formerly considered inevitably fatal.

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### PLACEBOS.

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THE physician's fee too often. Taffee.

FOR instruction in sham, arrogance, duplicity and insufferable egotism, we recommend the reader to Cathell's "The Physician Himself."

CHINESE doctors receive five cents a visit. This would be an extraordinary recompense for some visits we know, even in this country of dollars.

OWING to circumstances over which they had no control, the "regular profession" have thus far escaped the accusation of drugging Beecher to death, although they were not so fortunate in the cases of President Garfield and Senator Logan.

**MORE EVIDENCE AGAINST CALOMEL.**—"If there is anybody under the canister of heaven that I have in utter excrescence," says Mrs. Partington, "it is the slanderer going about like a boy-constructor circulating his calomel upon honest folks."



PROFESSORS BRIMSTONE AND BORAX are the titles conferred upon two professors in one of our oldest medical institutions, by the students. This, because the aforementioned professors are so ardent in presenting the claims of these two old and well-known remedies.

NOT MUCH USED.—The cheapest and simplest gymnasium in the world—one that will exercise every bone and muscle in the body—is a flat piece of steel notched on one side, fitted tightly into a wooden frame, and after being greased on both sides with a bacon rind, rubbed into a stick of wood laid lengthwise of a saw-buck.—*N. Y. Medical Times.*

A YOUNG physician, who has just established himself, and has very little practice, is noted for his braggadocio. One of the older physicians meeting him on the street yesterday, asked him how he was coming on, "I've got more than I can attend to," was the boastful reply, "I had to get out of bed five times last night." "Why don't you buy some insect powder?" asked the older doctor.

AN eminent New York neurologist has come out with the assertion that there is no such disease as hydrophobia, except as it exists in the excited imaginations of those who have been bitten by animals thought to be rabid. While this may be true in a measure as applied to man, it does not account for the existence of the disease in the lower animals. A stolid ox would not imagine himself into hydrophobia.

WHILE the United States has on an average one physician to every six hundred inhabitants, Russia has but one doctor to every six thousand two hundred and twenty-six people. Therefore if you feel overcrowded, just step across the fish pond and enter into the service of the Czar. You will be welcomed, for the Russian autocrat has especially invited American practitioners to settle in his dominions.

HE WAS CONVALESCENT.—On one of the trips of an Aspinwall steamer, the steerage passengers were so numerous as to make them uncomfortable. The sleeping accommodations were aptly described by a Californian, who approached the captain, and said, "I should like to have a sleeping berth, if you please." "Why, where have you been sleeping these last two nights since we left?" "Wa'al, I've been sleeping a-top of a sick man; but he's got better now, and won't stand it no longer."—*Beverage Journal.*



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**PERSONALS.**

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R. W. MUSGRAVE, M. D., has been making Oakland another visit. He reports a boom in his section both in real estate and medical practice.

J. W. OLIVER, M. D., has not yet decided upon a location. Watsonville, we believe, has been the prospective point, though not yet fully decided upon.

J. W. HUCKINS, M. D., came down from Plymouth to attend the graduating exercises. He reports his new location as satisfactory in every respect.

FLORA M. POTTS, M. D., will practice her profession in National City, San Diego County. Her affable manner and ability insure her a large patronage.

HIPPOLYTE VANDRE, M. D., has hung out his shingle in Amador City, this State. He will be neighbor to Dr. Huckins. We wish him prosperity and believe he will experience it.

HANNA SCOTT TURNER, M. D., goes East on a visit before locating. Her health has suffered from close application to study. We have never had a more earnest and industrious student.

J. W. HARVEY, M. D., has returned to his former location at Vina, California, after spending the winter in our College to brighten up. The Doctor was cut out for a physician, and was not spoiled in making.

A. F. CHILDS, M. D., has returned to his location at Los Alamos. The Doctor is one of those fortunate and thrifty ones who do not need to worry about an income. With him the study of medicine is more a pleasure than necessity. He has our best wishes.

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**BOOK NOTICES.**

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SPINAL IRRITATION (POSTERIOR SPINAL ANÆMIA). By William A. Hammond, M. D., Surgeon-General United States Army (retired list) Professor of Diseases of the Mind and Nervous System in the New York Post Graduate Medical School and Hospital, etc.

GRANULAR LIDS AND CONTAGIOUS OPHTHALMIA. By W. F. Mittendorf, M. D., Ophthalmic Surgeon to the New York Eye and Ear Infirmary Bellevue Hospital, outdoor department, Nursery and Child's Hospital, and the New York Infant Asylum, etc., etc.



**PHYSICIAN'S CLINICAL CASE AND RECORD BOOK.** Designed for easy and rapid note taking. Published by William S. Duncome & Co., 425 Sutter Street, San Francisco.

This is arranged for ready recording of the symptoms of each case, the duration and treatment employed, and for those who keep a record of their cases it will be found very valuable. Blank pages for additional remarks on the recorded cases swell the volume to goodly size.

**DISEASES OF THE EAR IN CHILDREN.** By Von Troeltsch, M. D., Professor in the University of Würzburg. Translated by J. Orne Green, A. M., M. D., Aural Surgeon, Boston City Hospital, etc., etc, Wm. Wood & Co., 1882. For sale by Wm. S. Dunscombe & Co., San Francisco, California, price \$1.50.

We must confess that, after perusing this little volume, we are surprised to find nothing new in it. But after noticing the date of its publication, we see that we ought not to have expected anything new. However, two very important omissions are made, viz.: The use of pulv. boracic acid in otitis purulenta chronica, and the employment of the dental engine, with trephine and other drills for abscess of the mastoid antrum. These are two such noteworthy omissions that at date of revision the translator should have mentioned them. In other respects the work is commendable, and, considering that the general practitioner, and not the aurist, treats most cases of aural disease of childhood, each one of them would make a profitable investment to add it to his library.

C.

**THE SIXTEENTH VOLUME OF TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.**

This compares favorably in size and general make up with its predecessors, and probably has as much wheat among its chaff. To one, however, who is surfeited with medical reading, some of the articles are decidedly prosy. They are innocent of new ideas and prolific of words. However the resolution introduced by Professor Howe, we believe, two years ago, that the excess of the printing of an article exceeding fifteen pages in length shall be paid for by the writer, has tended to lessen the long-drawn sweetness of some who delight to make a wordy showing. All in all we believe this is an improvement on some of the volumes which have nearly preceded it, for it contains a number of largely meritorious articles.



We observe that no report of Eclectic Medicine in California was made last year. The editor introduces a report and refers to the editor of the CALIFORNIA MEDICAL JOURNAL as Prof. *Horace T. Webster*. There is not much in a name, and Horace is as good probably as any, but he who would be strictly correct should write it *Herbert*.

We are reminded that the Iowa Medical College has been officially recognized, so the long fight between Shoemaker and the adherents of Drake, we hope, is finally disposed of.

A handsome portrait faces the title page, below which appears in characteristically professional chirography the name, H. B. Piper, M. D., the last year's presiding officer.

SCUDDER'S DOMESTIC MEDICINE. By John M. Scudder, M. D., Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute. Author of the "Eclectic Practice of Medicine," "Diseases of Women," "Diseases of Children," "Materia Medica and Therapeutics," "The Principles of Medicine," "Specific Medication," "Specific Diagnosis," etc., etc. Twentieth edition.

When a medical student we hoarded spare change, purchased a copy of this work, read and profited thereby. Later on in life we trustingly loaned it to an oily-tongued patron, who not only stole the book, but decamped without paying his bill. What wonder that the morals of medical men become bad in numerous instances.

In its new dress the old book is of goodly proportion and comely to look upon. It contains more than a thousand pages of leaded small pica print, of good, fair and indifferent material, but much of it is commendable.

We believe that in medicine, more, perhaps, than in almost any other respect, the adage, "A little knowledge is a dangerous thing," applies forcibly. Perhaps treatises on domestic medicine have been the cause of more harm than good, but people will fool with edged tools, and why should not eclectics reap some of the benefits of such works.

The popularity of homeopathy depends in a great measure on the numerous works on family practice that have been scattered through the land. They have been so many preachers to convert the people to that form of doctrine. "Scudder's Domestic Medicine" contains much worthy to be read by the laity, and it presents



the claims of our school of practice not perhaps exactly as they exist at the present time, but more nearly and honestly than such works from homeopathic sources, the status of that branch of practice.

We regard it as a good combination of sketches to instruct people how to live and take care of themselves. If less powerful drugs had been recommended, it might have been better. Few doctors know how to use medicines, much less common folk. Still we feel like commending it to our patrons as the best family work extant. The eclectic who will not swear by his own authorities when appealed to by the public, ought to be kicked out, let him have as much private opinion of his own as he will. Many families demand a work on domestic medicine. Recommend Scudder's. It will not hurt you, and may do you some good.

We observe that the new publisher's name is John King Scudder, a very strongly eclectic name, one which not only smacks of past achievements, but suggests something for the future.

The work may be obtained by addressing the publisher at 228 Court Street, Cincinnati, Ohio.

ON THE DETERMINATION OF THE NECESSITY FOR WEARING GLASSES. By O. B. St. John Roosa, M. D., Professor of Diseases of the Eye and Ear in the New York Post Graduate Medical School and Hospital, Surgeon to the Manhattan Eye and Ear Hospital.

These three works are of the series of the "Physician's Leisure Library," published by Geo. S. Davis, Detroit, Michigan.

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### PUBLISHERS' DEPARTMENT.

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I HAVE used Tongaline in a number of cases of facial neuralgia with the effect of promptly relieving the pain, and apparently preventing recurrence.

H. E. STROUD, M. D.

*Grand Junction, Col.*

URETHAN, in doses from 8 to 12 grams, has been found a good antidote for strychnine, resorcin, picrotoxin, and others of the vasomotor stimulant poisons; and urethan is said to be especially valuable because it does not produce any depressing effects on the respiratory and circulatory apparatus.



**HORSFORD'S ACID PHOSPHATE.**—Dr. W. W. Gardner, Springfield, Massachusetts, says: "It seems almost tautological to recommend Horsford's Acid Phosphate, a valuable local and stomach tonic. I have made use of it in my family and in practice for years. I will however repeat what my practice confirms, that I value it when taken according to directions, as an excellent preventive of indigestion, and a pleasant acidulated drink when properly diluted with water, and sweetened."

**OFFICE MEDICINES.**—Many physicians are not situated so as to get their remedies of a druggist near home. Others prefer to go to first hands. We advise our readers to try Lloyd Brothers, Cincinnati, Ohio. They supply everything physicians require, and of assured quality.

Dr. A. H. Collins, Honey Grove, Texas, writes that he has dealt with them for a number of years, and believes their productions to be "the best, purest, and most honest goods on the market to-day."